

**Recipient Committee
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

CALIFORNIA 460 FORM	
FILED	
Date of election if applicable: (Month, Day, Year) CITY OF SANTA MARIA	
BY: <i>[Signature]</i> City Clerk	
Statement covers period from <u>1/01/01</u> through <u>6/30/01</u>	
SEE INSTRUCTIONS ON REVERSE	

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)
 - Ballot Measure Committee
 - Primarily Formed
 - Controlled
 - Sponsored
 - Broad Based
- (Also Complete Part 5.)

3. Committee Information

COMMITTEE NAME	I.D. NUMBER	Treasurer(s)		
Alice Patino for City Council	1227669	NAME OF TREASURER		
		Tom Martinez		
		MAILING ADDRESS		
		2450 Professional Parkway Suite 220	STATE	ZIP CODE
		CITY AREA CODE/PHONE		
		2450 Professional Parkway Suite 220	STATE	ZIP CODE
		SANTA MARIA	CA	93455
		CITY AREA CODE/PHONE		
		SANTA MARIA	CA	(805)346-8407
		CITY AREA CODE/PHONE		
		MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		
		CITY STATE ZIP CODE AREA CODE/PHONE		
		OPTIONAL: FAX/E-MAIL ADDRESS		

**Recipient Committee
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Cover Page — Part 2**

COVER PAGE - PART 2

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FORM
460**

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Type or print in ink.

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE	
Alice Patino	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION
Santa Maria City Council	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
2450 Professional Parkway Ste. 220	Santa Maria CA 93455	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	
		OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.			
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD
	CONTROLLED COMMITTEE?		<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF TREASURER	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF OFFICEHOLDER OR CANDIDATE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR CANDIDATE	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
STATE	ZIP CODE	OFFICE SOUGHT OR HELD	
CITY	AREA CODE/PHONE		

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Tony B. Hunter
By Tony B. Hunter, SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By John M. Soto, SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

By John M. Soto, SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

By John M. Soto, SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 1/01/01
through 6/30/01

CALIFORNIA 460 FORM	
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1227669</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A+B)
1. Monetary Contributions	\$ 0.00	\$ _____	\$ 0.00
2. Loans Received	\$ 0.00	\$ _____	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0.00	\$ _____	\$ 0.00
4. Nonmonetary Contributions	\$ 0.00	\$ _____	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0.00	\$ _____	\$ 0.00
Expenditures Made			
6. Payments Made	\$ Schedule E, Line 4	\$ 710.41	\$ 710.41
7. Loans Made	\$ Schedule H, Line 7	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	\$ Add Lines 6 + 7	\$ 710.41	\$ 710.41
9. Accrued Expenses (Unpaid Bills)	\$ Schedule F, Line 3	\$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	\$ Schedule C, Line 3	\$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	\$ Add Lines 8 + 9 + 10	\$ 710.41	\$ 710.41

Current Cash Statement

12. Beginning Cash Balance	\$ Previous Summary Page, Line 16	\$ 2,205.39	* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).
13. Cash Receipts	\$ Column A, Line 3 above	\$ 0.00	
14. Miscellaneous Increases to Cash	\$ Schedule I, Line 4	\$ 2.16	
15. Cash Payments"	\$ Column A, Line 8 above	\$ 710.41	
16. ENDING CASH BALANCE	\$ Add Lines 12 + 13 + 14, then subtract Line 15	\$ 1,497.14	

If this is a terminal statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	\$ Schedule B, Part 1, Column (b)	\$ 0.00	20. Contributions Received \$ _____
18. Cash Equivalents	\$ See Instructions on reverse	\$ 0.00	21. Expenditures Made \$ _____
19. Outstanding Debts	\$ Add Line 2 + Line 9 in Column C above	\$ 0.00	

Cash Equivalents and Outstanding Debts

- 18. Cash Equivalents
- 19. Outstanding Debts

Add Line 2 + Line 9 in Column C above

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period	1/01/01
CALIFORNIA FORM 460	

NAME OF ELLER

Schedule A Summary

- | | | |
|---|-----------------------|------|
| 1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) | \$ | 0.00 |
| 2. Amount received this period – unitemized contributions of less than \$100 | \$ | 0.00 |
| 3. Total monetary contributions received this period. | TOTAL \$ | 0.00 |

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)

*Contributor Codes
IND – Individual
COM – Recipient Co
OTH – Other

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460	
Statement covers period from <u>1/01/01</u>	through <u>6/30/01</u>
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I.D. NUMBER 1227669	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	OFC	office expenses	RFD	returned contributions
CNS	campaign consultants	PET	petition circulating	SAL	campaign workers salaries
CTB	contribution (explain nonmonetary)*	PHO	phone banks	TEL	t.v. or cable airtime and production costs
CVC	civic donations	POL	polling and survey research	TRC	candidate travel, lodging and meals (explain)
FND	fundraising events	POS	postage, delivery and messenger services	TRS	staff/spouse travel, lodging and meals (explain)
IND	Independent expenditure supporting/opposing others (explain)*	PRO	professional services (legal, accounting)	TSF	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	VOT	voter registration
MTG	meetings and appearances	RAD	radio airtime and production costs	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (If Committee, also enter I.D. Number)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Vertrees Printing 406 W. Main St.	LIT			328.91
Santa Maria, CA 93458				
Coalition of Labor & Business (COLAB) P.O. Box 7523 Santa Maria, CA 93456	MTG			150.00
Benedetti & Assoc. P.O. Box 5958 Santa Maria, CA 93456	PRO			162.50
				SUBTOTAL \$ 641.41

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ **641.41**
2. Unitemized payments made this period of under \$100 \$ **69.00**
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ **0.00**
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 710.41**

Schedule I
Miscellaneous Increases to Cash

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I		CALIFORNIA FORM		AMOUNT OF INCREASE TO CASH	
Miscellaneous Increases to Cash		460			
Type or print in ink. Amounts may be rounded to whole dollars.		Statement covers period from <u>1/01/01</u> through <u>6/30/01</u>		Page <u>6</u> of <u>6</u>	
SEE INSTRUCTIONS ON REVERSE		NAME OF FILER		DESCRIPTION OF RECEIPT	
Alice Patino for City Council				FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	
				DATE RECEIVED	

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- | | | |
|---|-----------------|----------|
| | | \$ 2.16 |
| 1. Increases to cash of \$100 or more this period. | Interest Income | \$ 2.16 |
| 2. Unitemized increases to cash under \$100 this period. | | \$ 0.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Part 2 (b).) | | \$ |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the
Summary Face Line 14.) | TOTAL | \$ 2.16 |